

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-family: monospace;">09774637</div>	FILING DATE <div style="font-size: 1.2em; font-family: monospace;">02-05-01</div>					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	\						51						
2		\					52						
3	\						53						
4		\					54						
5	\						55						
6		\					56						
7	\						57						
8		\					58						
9		\					59						
10		\					60						
11	\						61						
12		\					62						
13		\					63						
14		\					64						
15	\						65						
16		\					66						
17		\					67						
18	\						68						
19		\					69						
20		\					70						
21		\					71						
22	\						72						
23		\					73						
24		\					74						
25		\					75						
26	\						76						
27		\					77						
28		\					78						
29		\					79						
30	\						80						
31		\					81						
32		\					82						
33		\					83						
34	\						84						
35		\					85						
36		\					86						
37		\					87						
38	\						88						
39		\					89						
40		\					90						
41		\					91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	10						TOTAL IND.						
TOTAL DEP.	29						TOTAL DEP.						
TOTAL CLAIMS	41						TOTAL CLAIMS						

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